



NORTHERN REGIONAL MEDICAL COMMAND (P)
INSPECTOR GENERAL

Inspection of Facilities Used to House
Warriors in Transition

Period of Inspection
19 April – 27 August 2010



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
NORTHERN REGIONAL MEDICAL COMMAND (P)
6900 GEORGIA AVENUE, NW
WASHINGTON DC 20307-5001

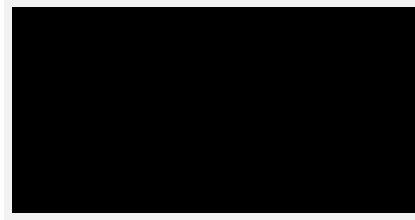
MCAT-CG

MEMORANDUM FOR The Surgeon General/Commanding General, U.S. Army Medical
Command

SUBJECT: Inspection of Facilities Used to House Warriors in Transition (1 September 2010)

1. I approve the findings and recommendations in the enclosed Inspector General report on the "Inspection of Facilities Used to House Warriors in Transition (1 September 2010)".
2. Upon receipt of Department of Army Inspector General and The Surgeon General / Commanding General USA MEDCOM concurrence, I authorize its immediate release to the organizations listed below and on the Regional Medical Command's internet web pages.

Encls
as



CF: (w/encls)
Congressional Defense Committees
Assistant Secretary of Defense for Health Affairs
Department of Defense Agencies
Secretary of the Army
Installation Management Command
MEDCOM/OTSG OneStaff



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
NORTHERN REGIONAL MEDICAL COMMAND (P)
6900 GEORGIA AVENUE, NW
WASHINGTON DC 20307-5001

MCAT-IG

9 September 2010

MEMORANDUM FOR Commander, Northern Regional Medical Command (Provisional)

SUBJECT: Final Report on the Special Inspection of Facilities Used to House Recovering Service Members (Warriors in Transition)

1. Purpose. To obtain NRMCM (P) Commander's signature on the enclosed Special Inspection of Armed Forces Housing Facilities of Recovering Service Members.
2. Discussion. On 24 March 2010, the NRMCM (P) Commander directed the "Inspection of Facilities Used to House Warriors in Transition".
3. The inspection teams identified three findings and eight observations and made recommendations for corrective action related to the objective. A summary of findings and observations are included in chapter 3.
4. The Summarized Findings are presented in the Executive Summary.
5. Recommendation. That the RMC Commander:
 - a. Approve the final report.
 - b. Authorize it's immediate release to The Surgeon General, Congressional Defense Committees, Assistant Secretary of Defense for Health Affairs, Department of Defense Agencies, Secretary of the Army, Installation Management Command, MEDCOM/OTSG OneStaff and posting on the NRMCM (P) Command's internet web pages.

Encls
as



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Executive Summary

1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (WTs) who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WT housing semi-annually for the first two years and annually thereafter; to submit a report on each facility inspected to the post commander, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees; and to post the final inspection report on their respective Internet website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARACT 162/2008 on 3 July 2008 to all Army activities. This message directed US Army Medical Command (MEDCOM) RMC IGs, in coordination with Installation Management Command (IMCOM), to oversee the inspection effort. It also provided RMC IGs authorization to task staff members and IGs assigned to senior commanders and IMCOM as well as “unlimited access to army activities, organizations, and all information sources necessary to complete the inspection”. On 13 November 2009, the Commanding General, US Army Medical Command directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct the “Special Inspection of Facilities Used to House Recovering Service Members”. On 24 March 2010, the RMC CG issued the directive to the Command Inspector General to conduct the “Special Inspection of Facilities Used to House Recovering Service Members”.



2. Purpose. The purpose of this inspection was to evaluate the adequacy of facilities used to house Warriors in Transition.

3. Concept. The NRMC(P) IG, leading a team of IMCOM and Senior Mission Command Inspectors General and augmented with subject-matter-experts, conducted the inspection of the facilities located at nine (9) installations within the NRMC(P) region.

4. Objective. Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

5. Summary of Findings, Observations, and Recommendations.

a. The inspection teams determined that most of the Warrior in Transition Units (WTUs) in the region were in compliance with the DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Overall, the inspection teams determined that recovering service members were assigned to housing facilities that best meet their needs. Most recovering service members were satisfied with the daily operations within their WTUs. As well, the Warriors in Transition (WTs) were



[REDACTED]

also satisfied with their respective Installations' support in addressing their housing concerns. Additionally, the Installation Management Command's (IMCOM), Directorate of Public Works (DPW), in coordination with the privatized housing agencies, consistently responded to WTs with housing issues through prompt resolution of service requests (work orders). All WTs were given the appropriate priority level for service requests in accordance with the housing inspection standards. The inspection teams found that throughout the region, this priority service did not negatively impact the Installations' ability to resolve work order requests for the balance of their populations. Largely, the barracks and housing maintenance teams at each installation were competent and efficient in resolving issues once identified.

b. The inspection teams determined that most of the WTUs in the region met the Baseline Standards in accordance with the published memorandum stated above. Minor deficiencies identified were usually corrected on the spot or within 24 hours of submission of the work order. Leaders at all levels of the commands continuously searched for ways to improve or upgrade the facilities and furnishings in order to enhance the quality of life and further enhance the healing process.

c. All of the installations in the region were aggressively seeking methods to improve the quality of life for the WTs through renovation projects, modifications and structural designs for new facilities. These included consideration for WTs with cognitive and/or visual limitations or those who may be experiencing Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), or other behavioral health issues associated with PTSD. The inspection teams recognized a notable degree of consideration was used when selecting furnishings, flooring, neutral colors, and patterns free from complex geometrical shapes or designs. One installation completed the construction phase of a new complex to house WTs. Another installation is currently in the construction phase and will complete their new complex next spring.

d. During the period of the inspection, the region had an average population of 3350 WTs. The inspection team leaders utilized interviews as an information-gathering method and interviewed approximately 12% of the population. The interviewees included the WTU Commanders, First Sergeants, platoon sergeants, squad leaders, nurse case managers and available family members. Overall, the leadership in each unit demonstrated an understanding of the standards, policies, and guidelines which apply to the WT program. The overwhelming majority of the WTs interviewed commented that their medical needs were being addressed appropriately and that they were receiving quality medical care.



e. In summary, most of the WTUs within the region were in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. The inspection teams made recommendations to the respective chains of command and the Installations' Senior Mission Commanders (SMC) or their representatives as appropriate; all of which were well received.

[REDACTED]

[REDACTED]



Chapter 1 Objectives and Methodology

1. Objective. Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
 2. Inspection Team. The inspection teams consisted of at a minimum: 1) IG Team Leader, 2) Installation IG Coordinator; 3) DPW subject-matter-expert (SME); 4) Safety SME; 5) Information Management (IM) SME; 6) privatized housing representative; 7) Medical personnel and/or Nurse Case Managers, and 8) WTU leadership/escorts.
 3. Methodology.
 - a. Observation. The inspection teams inspected the following types of Warrior in Transition occupied facilities: DoD Owned Unaccompanied Personnel Housing (UPH), DoD Leased or Contracted Housing or Lodging, DoD/NAF Owned Lodging, DoD Owned Family Housing, and Privatized Family Housing. Assessment of Privatized Family Housing was conducted with the consent of the occupant and the privatized housing management.
 - b. Document Review. The inspection teams reviewed the following documents: 1) Work Order requests; 2) policy memorandums; 3) guidance specific to WTUs; 4) Installation/local policies and Standard Operating Procedures (SOPs).
 - c. Interviews. The inspection teams conducted interviews with the WTU Commanders, First Sergeants, Platoon Sergeants, other cadre/staff members, the WTs and family members were readily available during the inspections.
 4. Locations Visited:
 - a. Fort Belvoir, VA
 - b. Fort Bragg, NC
 - c. Fort Dix, NJ
 - d. Fort Drum, NY
 - e. Fort Eustis, VA
 - f. Fort Knox, KY
 - g. Fort Meade, MD
- 
- 



- h. Walter Reed Army Medical Center, Washington, DC
- i. West Point, NY

5. Findings/Observation Format.

a. Where a violation of a published standard, policy, law or regulation existed, a Finding Statement was developed and is addressed in the following format:

- Finding statement
- Standard(s)
- Root Cause
- Discussion
- Recommendation

b. Where there was no violation of a published standard, policy, law, or regulation, but an observation was made to improve current operations, an Observation Statement was developed and is addressed in the following format:

- Observation statement
- Standard(s), if applicable
- Discussion
- Recommendation

6. In the report, quantitative terms, such as “few, some, majority, most and all” are used to describe percentile ranges linked to specific findings or observations. These terms are defined as follows:

Few	1-25%
Some	26-50%
Majority	51-75%
Most	76-99%
All	100%





Chapter 2 Good News

1. Personal sanitation standards have shown a marked improvement in individual WT rooms throughout the region.
2. A local furniture store donated a recliner to a WT as an alternative to sleep in a reclined position due to back surgery.
3. Most WTs felt that both their physical and medical needs were being met and they were being supported by their Squad Leaders and Nurse Case Managers.
4. Some WTs were actively involved in leisure activities as part of their healing process.
5. On one installation, safes were installed in each room of the barracks for the purpose of safeguarding and securing medications.
6. Most WTs interviewed had positive comments about their respective chains of command.
7. At one installation, the WTU Unit Commander used the WTs' feedback and expanded transportation routes to accommodate stops at the education center, chapel, commissary/PX and sports facilities.
8. One Installation's Transportation Office established a local transit bus route and provided a wheel chair-equipped bus upon request.
9. A few WT Cadre members were singled out by their WTs for the outstanding support they provided.
10. One installation recently completed the initial phase of construction of a new Wounded Warrior complex. Most of the WTs were very satisfied with the new facility. Positive comments included having additional space and more privacy.



Chapter 3 Findings and Observations

Objective: Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Finding 1.1: A handicap accessible ramp located at one of the WT facilities was not in compliance with 28 CFR 36.

Standard: Department of Justice ADA Title III Regulation 28 CFR Part 36.

Root Cause: Don't Know.

Discussion: The access ramp to the building was too steep for a WT to easily gain access to the building without assistance. The entrance was originally designed to be used as a fire exit only. However, based on the location of the parking lot, a handle was installed to allow access to the building.

Recommendation(s): The inspection team recommended this ramp be reconstructed to properly meet the slope and rise requirements as outlined in the regulation.

Finding 1.2: On one installation, special medical requirements for a few WTs were not being met.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Root Cause: Can't Comply.

Discussion: A single amputee WT had difficulty accessing the kitchen cabinets as well as the shower. A double amputee's non-medical attendant had difficulty lifting him into the bath tub. The height of sinks, mirrors, kitchen cabinets and clear space in the bath rooms created challenges for other WTs living in the same facility. The unit chain of command and health care providers emphasized the importance of putting WTs with special medical needs in environments that will challenge them as they transition. This methodology, known as the full spectrum discharge policy, is considered a vital part of their therapy, as most will return to homes that may not meet the Americans with Disabilities Act (ADA) or The Architectural Barriers Act (ABA) standards. The implementation of this policy is considered a beneficial measure in assisting the WTs in the transition to facilities which may not meet the ADA and ABA standards. However, it results in a violation of the DEPSECDEF Memo as it applies to Assignments for WT personnel.

[REDACTED]

Recommendation(s): The inspection team recommends that the chain of command conduct an evaluation for WTs to ensure any special medical requirements are being met. Secondly, the team recommends the chain of command consider privatized housing as an option in lieu of leased/contracted housing. Thirdly, if the leadership and clinical staff consider the Full Spectrum Discharge Policy a beneficial aspect of the WTs transition to civilian life, the team recommends submission of the policy to the appropriate approval authority as an exception to the DEPSECDEF standards for assignments of WTs.

Finding 1.3 On one installation, the square footage for WTs in UPH did not meet the minimum standards. .

Standards: Memorandum, Assistant Chief of Staff for Installation Management (IMCOM), 14 October 2009, Subject: Unaccompanied Personnel housing (UPH) for Warriors in Transition.

Army Regulation (AR) 420-1, Army Facilities Management, 12 Feb 08.

Root Cause: Can't Comply.

Discussion: The WT population on this installation increased, resulting in WTs assigned two per room. Minimum square footage was found to be inadequate in most of the inspected UPH rooms.

Recommendation: The inspection team recommended that the chain of command acquire additional UPH to accommodate WTs assigned.

Observation 1.1: On a few installations, fire doors in a few rooms and hallways did not operate properly.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

Discussion: These were isolated issues in barracks facilities. Some of the doors were improperly cut and others needed to be adjusted. Fire doors should close and latch automatically.

Recommendations: The inspection teams recommended that the chain of command and maintenance personnel periodically check all doors during routine inspections or WT Cadre visits, and submit work orders immediately for doors not in compliance. Maintenance personnel were notified immediately.

Observation 1.2: On one installation coffee pots with automatic timers were found in WTs rooms, in violation of local fire and safety regulations.

[REDACTED]

[REDACTED]

[REDACTED]

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Discussion: The installation policy prohibited coffee pots with timers. With the number of coffee pots found this policy was not well distributed. Platoon Sergeants were notified and corrective actions were taken in each case.

Recommendation: The inspection team recommended that the chain of command routinely check for coffee pots and other unauthorized appliances during every inspection or WT Cadre visits.

Observation 1.3: A few rooms in UPH on several installations had unapproved electrical extension plugs (without surge protectors).

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Discussion: This is a re-occurring deficiency as new WTs rotate into the WTUs.

Recommendation: The inspection team recommended that the chain of command continue to teach and train the WTs and enforce safety standards as appropriate to avoid violations.

Observation 1.4: On some installations, smoke detectors were missing and/or inoperable.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Discussion: The WTs assigned these rooms took no actions to follow-up on these serious fire violations. Leaders, maintenance personnel, and occupants should take immediate action to correct any potential fire safety violations.

Recommendation: The inspection team recommended that these violations be fixed immediately. The unit also needs to reinforce safety standards and work order procedures throughout the organization. The deficiencies were corrected by maintenance personnel.

Observation 1.5: Flammable liquid containers were found on a few installations.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Discussion: Containers should have been detected during Cadre visits/inspections. Flammable or combustible liquids shall be kept in flammable liquid storage cabinets or in detached buildings.

[REDACTED]

[REDACTED]

[REDACTED]

Recommendation: Remove the hazard. An on the spot correction was made to the WTU leadership to remove the hazard. The chain of command should reinforce the standard throughout the organization.

Observation 1.6: Electrical face plates were missing in UPH on a few installations.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Discussion: One face plate was missing and the other one was replaced with a 6 way plug. Authorized power strips are available to WTUs that need them.

Recommendations: The inspection team recommended that Cadre continue to enforce the standard.

Observation 1.7: In one WTU UPH, the required 18 inch sprinkler clearance was not met in a few rooms.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Discussion: WTUs had boxes and other materials stacked to the ceiling which impeded the 18 inch requirement for sprinkler clearance. On the spot corrections were made.

Recommendations: The inspection team recommended that Cadre conduct routine safety inspections and enforce the standards.

Observation 1.8: No Material Safety Data Sheets (MSDS) were located inside of utility closets one installation.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

Discussion: MSDS are required in UPH utility closets.

Recommendations: The inspection team recommended that MSDS sheets be placed in utility closets ASAP.

[REDACTED]

[REDACTED]

Appendix 1 Directive



REPLY TO
NRMCMC-01

DEPARTMENT OF THE ARMY
NORTHERN REGIONAL MEDICAL COMMAND (P)
6800 GEORGIA AVENUE, NORTHWEST
WASHINGTON, DC 20307-6001

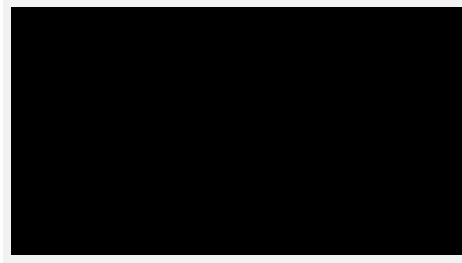
MCAT-CG

MAR 24 2010

MEMORANDUM FOR Northern Regional Medical Command (P) Inspector General

SUBJECT: Directive for Inspection of Facilities Used to House Warriors in Transition

1. You are directed to oversee and conduct an inspection of the facilities used to house Warriors in Transition. This inspection will conclude no later than 1 September 2010.
2. The inspection will focus on the following objective: Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
3. You are authorized to task staff members, Inspectors General assigned to Senior Mission Commanders and iMCOM, and are to have unlimited access to Army Activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement.
4. You will provide me with a mid-course progress review on or about 28 June 2010, followed by a written report not later than 10 September 2010.
5. Point of contact is COL Debra M. Stewart, NRMCMC(P) Inspector General, at debrastewart@arnedl.army.mil, or Mr. Gregory C. Hill at gregory.hill@amedd.army.mil, or commercial (202) 782-3529 or DSN 662.



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Appendix 2 Detailed Standards List

DEPUTY SECRETARY OF DEFENSE
101 0 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

SEP 18 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
UNDER SECRETARY OF DEFENSE FOR PERSONNEL
AND READINESS
UNDER SECRETARY OF DEFENSE FOR
ACQUISITION, TECHNOLOGY AND LOGISTICS
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH
AFFAIRS

SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover
Personnel

The Wounded, Ill and Injured Senior Oversight Committee (WII-SOC), a joint
DoDIDVA committee, met and approved the following policy changes on August 28,
2007.

Effective immediately, the Military Services will provide housing for medical hold and holdover
personnel in accordance with the attached standards. These standards address baseline
accommodations and special features and services that may be required depending on a
member's medical condition and treatment plan. The Secretaries of the Military Departments are
directed to use these standards for conducting the inspections required by section 3307 of the
U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability
Appropriations Act, 2007 (Public Law 110-28), and to report inspection findings to the Under
Secretary of Defense for Personnel and Readiness not later than October 31, 2007. Timely
implementation of these standards is a top Department priority.

Attachment:

As stated

HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER
PERSONNEL

1. PURPOSE

These standards shall be used as a basis for evaluating the adequacy of facilities that house
medical hold and holdover personnel.

2. GENERAL

In general, medical hold and holdover personnel receiving outpatient medical treatment

[REDACTED]

(hereafter referred to as MH personnel or MH members) shall be assigned or referred to housing that exceeds or meets the applicable quality standards and is appropriate for their medical condition, expected duration of treatment, dependency status (including authorization of a non-medical attendant), and pay grade. The particular housing and associated amenities/services provided shall be an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Note that some MH personnel with serious medical conditions are authorized non-medical attendants at the discretion of their primary care physician to assist in their recovery and rehabilitation. Non-medical attendants can include the member's parent, guardian, or another adult (18 or over).

3. APPLICABILITY

These standards address baseline accommodations, and any special medically needed facility features and services. Standards and guidance are also provided for associated furnishings, amenities, operations/services, and maintenance that are critical to well being and morale. These standards apply to the following types of housing when occupied by MH personnel: DoD-owned family housing (FH), DoD-owned unaccompanied personnel housing (UPH), Lodging owned by DoD, whether supported by appropriated funds or a non-appropriated funded instrumentality (NAFI). Lodging types include temporary duty (TDY) lodging, permanent change of station (PCS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher Houses. Leased/contracted housing and lodging, to the maximum extent permitted by the associated agreement. Privatized housing and lodging, to the maximum extent permitted by the associated agreement. Note these standards do not apply to a service member's privately-owned home, or a rented home in the community (not privatized) that a service member obtains on his or her own.

4. PRIORITY FOR SERIOUS MEDICAL CONDITIONS AS A DIRECT RESULT OF ARMED CONFLICT

It is fitting those medical hold personnel who have "serious physical disabilities" or that are the "direct result of armed conflict have priority for housing and certain services. While the minimum housing standards are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

5. RESPONSIBILITIES

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military

[REDACTED]

[REDACTED]

[REDACTED]

Service headquarters must be notified no later than one week after the MH member takes occupancy.

1 - For purposes of this provision, "serious physical disability" means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precludes the person with the disorder, condition or anatomical loss from unaided performance of at least one of the following major life activities: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking; or (b) serious psychological disabilities, such as post-traumatic stress disorder. (This definition is based primarily on 32 C.F.R. 199.2, the regulations for the CHAMPUS/TRICARE program.)

2 - For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDI 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.Pfi.1.2.)

6. ASSIGNMENT

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignment/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing. For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., PCS lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority I", as defined by DoDD 4165.63M, DoD Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating

[REDACTED] [REDACTED]

[REDACTED]

agreement. If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home, MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade unless dictated otherwise by special medical requirements.

7. BASELINE STANDARDS

Condition

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

Kitchens

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).

Laundry Facilities

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

Furnishings

Provide loaned furnishings as appropriate.

Electronic Equipment

Generally, a television with cable/satellite service, internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WiFi and a laptop computer.

Housekeeping and Pest Management



MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

Physical Security

MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

8. SPECIAL MEDICAL REQUIREMENTS

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.

Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.





Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night). For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

Housekeeping

If a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.

Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

Furnishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

Parking

MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to





individuals who transport MH personnel with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

9. INSPECTIONS

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deficiency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall re-inspect such facility not less often than once every 180 days until the deficiency is corrected.

10. FEEDBACK AND UPDATES


The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feedback should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

11. IMPLEMENTATION

The Military Departments have the authority to issue supplemental instructions to provide for unique requirements within their respective organizations provided they conform to the basic policy guidance in this document.



Age Group	Percentage
18-24	85%
25-34	75%
35-44	65%
45-54	55%
55-64	45%
65-74	35%
75-84	25%
85+	15%



Appendix 4 References

ALARACT 295/2008, 9 December 08, subject: MOD 1 to ALARACT 162/2008

ALARACT 162/2008, 3 July 2008, subject: Inspection of Armed Forces Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units

Army Regulation 420-1, Army Facilities Management, 12 February 2008

National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 January 2008, subject: Access of Recovering Service Members to Adequate Outpatient Residential Facilities

Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

Memorandum, Deputy Chief of Staff, G-1, HQDA, 18 June 2007, subject: Housing Prioritization for Warriors in Transition

Memorandum, Assistant Chief of Staff for Installation Management (IMCOM), 14 October 2009, Subject: Unaccompanied Personnel housing (UPH) for Warriors in Transition